



Summary Report & Recommendations:

Towards a Single Service System
for Paediatric Speech Pathology
Services for South Australia



Government
of South Australia

SA Health

Preface to:

The Summary Report and Recommendations: Towards a single service system for speech pathology services for South Australia.

In April 2009, the Inter Ministerial Council – Child Development agreed on the introduction of a single service system for paediatric speech pathology services in South Australia. This decision was made in response to an Interagency Speech Pathology Review conducted during 2007 – 2009.

The following summary report and recommendations have been drawn from the work of the Interagency Speech Pathology Steering Committee, the Interagency Speech Pathology Reference Group, the Department of Health's Speech Pathology Project Officer and the Centre for Allied Health Evidence.

In September 2009, a Project Management Group was formed to guide the development and implementation of an integrated paediatric speech pathology service in SA, with a primary focus on services provided through the Department of Education and Children's Services (DECS) and SA Health. This summary report and recommendations will inform the project.

There is still a considerable volume of work to finalise and describe the service model; analyse the service requirements; develop and implement the new service model; work through the workforce implications; and manage the change and communication processes.

It will be essential as part of the development of the new service to involve Speech Pathologists, other key stakeholders in the education and health sectors, children and their families to name just a few.

This report forms the starting point for this process. It is anticipated that where readers have identified gaps or anomalies these will be addressed during the development phase over the next 10 months.

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Executive Summary

In 2006 a state-wide Interagency Speech Pathology Steering Committee was established under the direction of the Inter Ministerial Council: Early Childhood and the Senior Officers Group to identify issues relating to the delivery of services to children in South Australia and make recommendations to Government on the way forward.

Key findings from the recommendations can be summarised as follows:

- > The importance of providing accessible, coordinated and efficient services to address population health need
- > The need for increased uptake of evidence based practice to inform and improve models of service delivery
- > Support for innovative reforms within workforce redesign and establishing multidisciplinary service models
- > Effective partnerships between stakeholders will ensure responsive and flexible services which meet local contexts and needs
- > Innovation needs to be underpinned by regular and timely evaluation which is supported by rigorous data collection processes.

A range of issues that impact on speech pathology services across the state include:

- > Service gaps for children aged approximately 4 years on entry to primary education
- > The need for a whole of government response and new challenges for skilling the workforce
- > Differences between service delivery mechanisms, philosophy and practices between providers in different State Government agencies.
- > Service access and equity issues
- > Children not referred for services until school entry
- > Differing eligibility criteria and priorities for intervention
- > Emerging evidence linking speech, language and communication needs with overall developmental outcomes
- > New and emerging views on the philosophy, policy, practices and service delivery mechanisms
- > Significant areas of unmet need
- > Increased demand for paediatric speech pathology services
- > Limited and inconsistent structures to support professional clinical governance, co-ordination and planning
- > Workforce issues particularly in rural areas.

The Steering Committee recommended the introduction of a single service system for paediatric speech pathology services across SA for public sector services. The service will contribute to a coordinated approach for clinical assessments, treatments and governance in South Australia.

The improvements from implementing a state-wide speech pathology service include:

- > Reduction in transition gaps when children have been previously referred between agencies
- > Timely identification of service limitations
- > Improve timely access to services (irrespective of geographical barriers), and
- > Equitable access due to state-wide prioritisation systems.

It is anticipated that implementing this innovative model of speech pathology service delivery will contribute to improvements in language skills, literacy, numeracy and learning resulting in increased academic success, positive self-esteem and increased life chances.

Introduction

In South Australia it had been identified that the current service model may not provide the best practice recommended by recent internationally commissioned reports and that it was timely for a review to ensure service provision was aligned with service needs.

In response in 2006 a state-wide Interagency Speech Pathology Steering Committee was established to address issues relating to the delivery of services to children in South Australia. Due to the complexity of the task a Reference Group was also established early in 2007. The Reference Group included clinicians from across public speech pathology services, in metropolitan primary and acute health, Department of Education and Children's Services (DECS), Catholic and Independent schools sector, Speech Pathology Australia (SPA) Country Health SA (CHSA), Disability SA (DSA), the non Government sector, and the tertiary education sector.

The Steering Committee had representation at management level from across DECS, SA Health and DSA, and Speech Pathology Australia (SPA). The Steering Committee was responsible for providing governance to the activities of the Reference Group.

The Steering Committee and Reference Group were influenced by a number of converging and inter-related issues for speech pathology services relating to:

- > Service access and equity, particularly the transition into educational services
- > Changing paradigms of health service delivery
- > Expanded demand and role for speech pathology service
- > Workforce issues, including recruitment and retention
- > Clinical governance of speech pathology services

Specifically the steering committee was required to:

- > Identify changes required of the speech pathology workforce and service structure based on an agreed service model(s) and
- > Make recommendations to government

The Reference Group was required to:

- > Identify a service model able to support provision of best practice speech pathology interventions and service delivery mechanisms for children 0-18 years (with particular focus on 0-8).
- > Recommend speech pathology interventions and service delivery mechanisms for children 0-18 years (with particular focus on 0-8 years), including early intervention, prevention, identification of specific communication and oral mealtime needs, responsive to child and family needs.
- > Consider within the agreed priorities the continuum of care at potential points of transition

The Speech Pathology Project Report¹ has drawn on significant evidence including:

- > Centre for Allied Health Evidence's Speech & Language Therapy Service Model & Effectiveness Review:
- > Bercow Report, ICAN Report and other reviews of speech pathology service provision for children, at national and international levels.
- > The experience, wisdom, reflections and suggestions of members of the speech pathology profession, both in South Australia and nationally
- > 'Snapshot' information about services, service gaps, unmet needs, caseloads and waiting lists

¹ Towards an Integrated Speech Pathology Health 2009). Services in SA: Speech Pathology Project Report. (Awaiting publication SA

Current South Australian models of service delivery

Overview of current practice

Speech pathologists provide services for children across their developmental stages in a number of areas that share a base of knowledge, skills and expertise in speech, language and communication. These broad areas of service provision include:

- > early communicative interaction and development
- > speech (including articulation, dysfluency, phonology, developmental verbal dyspraxia, voice)
- > language (including syntax, semantics and pragmatics)
- > complex communication needs (communicative development for children whose additional sensory, physical or cognitive impairment impact on communicative development and participation)
- > speech and language impacts on development of literacy and numeracy
- > oral eating and drinking difficulties.

Paediatric speech pathology services are currently provided by a variety of agencies. These include:

1. Early communication development – children's development of foundation communication skills up to the point where they begin to put words together to create new and spontaneous utterances, usually around two years developmentally
2. Acute medical – service provision to children in association with an acute medically based need e.g. dysphagia, cleft palate, premature birth, acute brain injury
3. Primary speech and language disorders – speech or language delay or disorder in the absence of any co-morbidities, often not diagnosed until 3 years of age or older, and more often persistent
4. Complex communication needs – developmental communication needs that are impacted by additional physical, cognitive or sensory impairment

Many children have needs across the four areas of clinical focus over their developmental journey and across more than one area of clinical focus at any one point in time. Speech pathology services may also be provided through non-government organisations with a range of charters, usually with shared government and charitable funding, as well as from the private sector. Federal funding can be accessed for some speech pathology services (Inclusion Support Services, Enhanced Primary Care, Autism Spectrum Disorder and Literacy Support Funds).

Overview of current issues

A range of issues that impact on speech pathology services across the state are summarised below:

- > Service gaps for children aged approximately 4 years on entry primary education from the primary health care sector with children falling through the cracks with issues of service limitations
- > The need for a whole of government response, and new challenges for skilling the workforce with the introduction of Children's Centres and the need for expertise on child development and learning across the early childhood workforce².
- > Differences between service delivery mechanisms, philosophy and practices between providers in different State Government agencies.
- > Service access and equity issues, including significant waiting time to access speech pathology services from primary health care services
- > The numbers of children not referred for services until school entry and the level of demand for speech pathology services from DECS.
- > Differing eligibility criteria and priorities for intervention within and across public providers
- > Emerging evidence linking speech language and communication needs (SLCN) with overall developmental outcomes^{3,4},
- > New and emerging views on the philosophy, policy, practices and service delivery mechanisms for best practice (See Appendix 8: CAHE Reports)⁵
- > Identification of significant areas of unmet need, or inadequate and ineffectual levels of service
- > Identification of significant gaps in speech pathology service delivery with no organisational structure to address these issues
- > Increased demand for paediatric speech pathology services with dysphagia management that has impacted on the ability to address SLCN within current resource
- > Limited and inconsistent structures to support professional clinical governance and/or co-ordination and planning in speech pathology service provision across the State
- > Identification of issues pertinent to speech pathology service delivery in a number of State government commissioned reports and projects, including the Virtual Villages Report on early childhood services⁶
- > Workforce issues in South Australia, particularly in rural areas, including workforce profile, recruitment, retention, support, professional development, and maintenance of competency levels

² F Mustard: Investing in the Early Years: closing the gap between what we know and what we do Sth Aust Government, Department of the Premier and Cabinet, April 2008, accessed Thursday, 30 October 2008 http://www.thinkers.sa.gov.au/images/Mustard_Final_Report.pdf

³ Child Abuse and Neglect: Is Speech Language Pathology missing in action? Snow P. Presentation, Speech Pathology Australia Conference: Reflecting Connections, Auckland, May 2008

⁴ Oral Language Competence in Childhood and Adolescence, Snow P. Presentation, Speech Pathology Australia Conference: Reflecting Connections, Auckland, May 2008

⁵ Law J., Boyle J., Harris F., Harkness A. and Nye C. (2000) Prevalence and Natural History of Primary Speech and Language Delay: Findings from a Systematic Review of the Literature IJLCD Vol 36

⁶ The Virtual Village: Raising a child in the New Millennium. South Australia Enquiry into Early childhood services.

Current organisational models of care lead to a range of issues that impact on the quality, efficiency, effectiveness or timeliness of service provision. They are:

- > Eligibility restrictions may mean that children and families who have needs across more than one area of clinical focus are unable to access services to address all of their areas of need,
- > Service provision may be inefficient because clinicians have to develop competencies, and access or create resources, to provide interventions in areas outside of their own agencies' area/s of clinical focus and expertise.
- > None of the provider agencies may address needs that are low incidence across the population, or of low priority within their agency, because the numbers of eligible children and families with these needs never achieve a 'critical mass'.
- > Agencies may be unable to utilise appropriate service delivery mechanisms to address one or more of the areas of need of some children and families because of policy, practice, facility or organisational barriers.

There were definitional ambiguity and confusion with regards to commonly used terms (such as consultative, collaborative). These issues meant comparison across programs were difficult. There was also a paucity of good quality evaluation data from which to draw empirical evidence. Much of the evaluation data was focussed on process changes rather than outcomes. There was also a distinct lack of information on models of paediatric speech pathology service delivery nationally and internationally.

Current service delivery considerations

This section aims to provide background information about differing groupings and related service needs across SLCN populations and the existing and emerging roles of speech pathology. An understanding of this information is critical to development of a new model for provision of services to address SLCN.

Communication disability

The prevalence of some level of language or communication need in children varies across age groups. These needs fall broadly into three groups:

- > Impoverished language development: largely transient⁷
- > Identified speech and language issues:- which may be transient or persistent
- > Children with co-morbidities such as cognitive and physical disability and pervasive development disorder are a subset of this group.

Knowledge from speech pathology research and clinical practice can be applied to support successful development of children's communication skills and support for children across the population⁸. This can be achieved through improved early identification, training and support for carers who provide the environment for language development, and integrated approaches across government service provision.

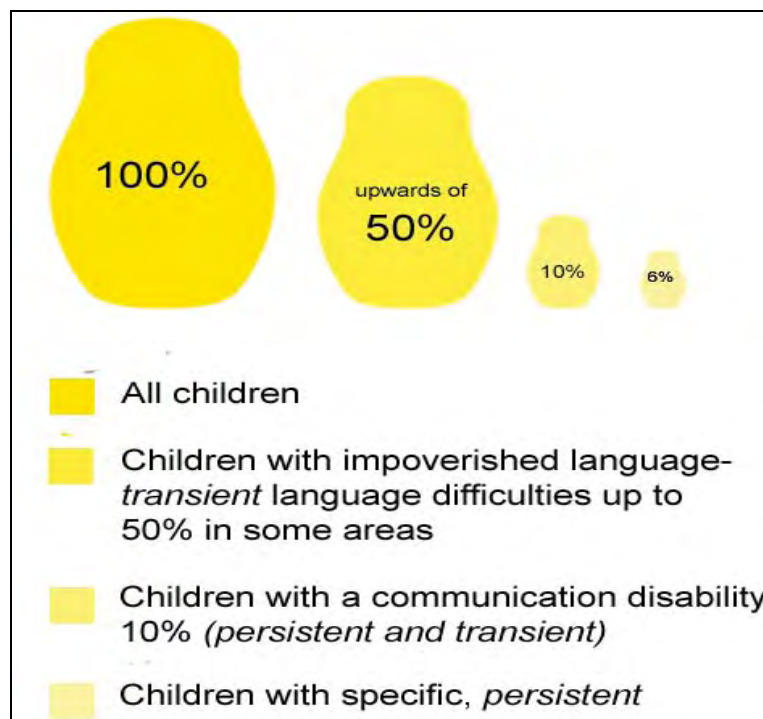


Fig A: Population Speech, Language and Communication Needs – from the ICAN report: The cost to the nation of children's poor communication.

⁷ Locke A., Ginsborg J. and Peers I. (2002) Development and Disadvantage: Implications for Early Years IJCLD Vol 27 No 1

⁸ Moore T. What do we need to know to work effectively with young children and their families; Towards a core curriculum. Paper presented at the 9th Australian Institute of Family Studies Conference, 2005.
http://www.rch.org.au/ccch/index.cfm?doc_id=427

The importance of early speech language communication environment

Effective oral language skills are the building blocks on which subsequent literacy and numeracy development is based. Without solid foundations in language and communication skills, children run the risk of school failure, low self-esteem and poor social skills. A clear association between early social disadvantage and later special needs is identified in research on special educational needs carried out in the UK⁹. More specifically, the communication environment in the early years has been identified as being crucial in ensuring school readiness and in lowering the risk of low attainment¹⁰.

The Matrix of Speech Pathology Role and Interventions: Universal, Targeted and Specialist provides examples of the range and scope of interventions to which speech pathology can contribute.

Table 1: Descriptors of Universal, Targeted and Specialist interventions

Universal	<ul style="list-style-type: none">> Universal services are those services that are provided to, or are routinely available to, all children, young people and their families.> Universal services are designed to meet the sorts of needs that all children and young people have; they can include early year's provision, mainstream schools and community programs, as well as health services provided by GPs, midwives, and health visitors.
Targeted	<ul style="list-style-type: none">> Targeted services provide support aimed at particular groups of children, but often provided through or accessed from within universal (or mainstream) services.> This includes services such as the Children's Centres that provide services available to all as well as services provided directly to individual children and young people identified as having additional needs and their parents.> Targeted services also include services aimed at groups of children and young people and their families with complex needs, such as targeted parenting support and many of the services provided by child and family social services departments.
Specialist/ Clinical	<ul style="list-style-type: none">> Specialist services are provided specifically for children and young people with specialist, acute, complex or very high level needs who would otherwise be at great risk of poor outcomes.> They will often be provided alongside universal services but may, in some exceptional circumstances, be a replacement for universal services.
Specialist/ Clinical - complex	<ul style="list-style-type: none">> Within this document, this category is used to differentiate between children with persistent speech, language and communication needs that may require sporadic or consistent long term, and/or greater direct, speech pathology service provision.

⁹ Education and Skills Committee (2006) Special Educational Needs: Third Report of Session 2005-6 House of Commons

¹⁰ Harl B. and Risley B.R. (1996) *Meaningful Differences in Everyday Experience in Young American Children* Baltimore: Paul Brookes

Matrix of Speech Pathology Role and Interventions

Examples of Universal, Targeted and Specialist/Clinical Interventions

	Universal	Targeted	Specialist/ Clinical	Specialist/ Clinical complex interventions
Child			Direct individual and group service provision – speech, language, communication, dysphagia	Instrumental assessments and intervention for dysphagia. Assessment and prescription of communication systems
Family	Contribute to parenting skill development programmes around strategies to enhance SLC development	Programmes to reduce likelihood of long term communication disorders or dysphagia e.g. 'Baby Talk', which supports parents to develop strong parent – child interactions, enabling them to facilitate development of children's SLC	Family focussed group programmes to provide families with strategies to facilitate communicative development for children with persistent SLCN e.g. Hanen programme, It Takes Two to Talk	Support and training for parents of children with severe developmental delays to use everyday activities as opportunities for speech, language and communication development
Community	Pre and in service training on SLCN of early child development workforce	PD and training on SLCN for Early Childhood Workers e.g. Hanen program You Make the Difference	PD and training for early childhood teachers on 'triggers' for referral to SLP	Training of school and community support workers around safe mealtimes for children with dysphagia
	Engaging with key community members to help build community capacity around SLC development strategies	Speech language pathologists (SLP) 'presence' in Children's Centres to make intervention access seamless and reduce stigmatization	PD for early childhood teachers to develop understanding of barriers and facilitators to engagement and learning for children with persistent SLCN	Training and co-working with teachers to support Literacy development for children with Complex Communication Needs (CCN)
				Peer training for classmates of children with CCN such as Autism Spectrum Disorder
Policy and Practice	Advocacy and advice on policy, evidence based intervention practices, best practice models, negotiation of service delivery packages and agreements with early childhood service providers including private and Non Government sector, contribute to population level developmental and health service evaluation and outcome measurement, state-wide planning around SLCN, primary and preventive health strategies, research opportunities and directions			

Matrix of Speech Pathology Role and Interventions: Universal, Targeted and Specialist¹¹

¹¹ 2008The Cost to the Nation of Children's Poor Communication (UK)
<http://www.ican.org.uk/upload/Chatter%20Matter%20Update/MCM%20Report%20FINAL.pdf> Accessed December13th

The value of a skilled and confident workforce

With substantial numbers of children starting school with either persistent and/or transient communication difficulties, the need for a workforce skilled in supporting their development is crucial, both at pre-school and school phases of education. However, early year's staff may feel ill-equipped to help these children. This extends more specifically to communication disability; while no Australian data has been accessed, UK evidence found that training remains limited with over a third of teachers stating they had no preparation during their initial teacher training for special educational needs¹²; over 60% of primary teachers lacking confidence in their ability to meet children's language needs¹³ and many identifying the emotional difficulties often associated with communication disability as particularly difficult to deal with¹⁴.

Social determinants of health

Evidence is emerging linking SLCN with overall developmental outcomes, social determinants of health and the longer term development of a workforce positioned to add value in an increasingly competitive environment¹⁵

Speech Language Pathologists (SLP) can contribute to development of the ability of parents and other communication partners (e.g. early childhood development workforce) to enhance the speech, language and communication development and transition to literacy and numeracy of all children. This, in turn, is linked with children's school attachment and longer term quality of life and health outcomes.¹⁶

¹² Times Educational Supplement Survey 2005

¹³ Sadler J. (2005) Knowledge, Attitudes and Beliefs of the Mainstream Teachers of Children with a Pre-school Diagnosis of Speech / Language Impairment *Child Language Teaching and Therapy* Vol 21, 2

¹⁴ MacBeath J., Galton M., Steward S., MacBeath A. and Page C. (2006) *The Costs of Inclusion* Faculty of Education, University of Cambridge commissioned by NUT

¹⁵ R Holms et al, *Pathways to Prevention project*, Mission Australia and Griffith University
http://www.griffith.edu.au/data/assets/pdf_file/0017/1332/pathways-final.pdf Accessed Dec 4th 2008

¹⁶ Snow P. Strengthening Schools as mental health promotion settings: The role of the Speech Language Pathologist as language and literacy advocates. Workshop presented at the Speech Pathology Australia Conference: Reflecting Connections, Auckland, May 2008.

Consolidation Recommendations

The following recommendations have been consolidated to reduce overlap and assist with guiding implementation. These are drawn from the Interagency Steering Committee recommendations to the Inter Ministerial Council; Early Childhood on the review of paediatric speech pathology services in SA 2009.

The overarching recommendation is that paediatric speech pathology services transition to a single service system across the public sector that will support delivery of population speech, language and communication services, focusing on the role of speech pathology within current and future State Government policy frameworks.

1. Establish a single service system for paediatric speech pathology services

1. Establish an organisational structure that supports leadership and coordination, including workforce reform and redesign in response to changing health service paradigms.
 - 1.1. Develop a consistent and comprehensive clinical governance structure to ensure delivery of evidence based practice
 - 1.2. The organisational structures will support service planning, development design and evaluation to improve service access, coordination and continuity, equity, quality, efficiency and sustainability
 - 1.2.1. The organisational structure will support multi-disciplinary team based practice with flexibility and responsiveness to local contexts
 - 1.2.2. The governance framework will include clinical practice or network leader positions to support quality and evidence based practice
 - 1.3. Services and activities that could be managed or coordinated centrally are identified and operational, management and professional leadership structures are created
 - 1.4. A shared philosophy of early childhood speech pathology service provision is identified and promulgated along with the related policies and practices, including strategies to support integrated team work
 - 1.5. The speech pathology community in South Australia will be consulted in the design of service and organisational structures for paediatric speech pathology services
 - 1.6. Gaps, inconsistencies and anomalies in the provision of specialist speech pathology services in acute hospital sector are identified and addressed
 - 1.7. A framework is developed to evaluate the introduction of the new service delivery model assessed against agreed KPIs, with the Centre for Allied Health Education and Flinders University be included as partners in the planning, implementation and evaluation of the new model

2. Provide accessible, coordinated and efficient services

2. Provide equitable, cohesive and coordinated services across areas of clinical need in paediatric speech pathology within South Australia.
 - 2.1. Develop clinical pathways consistent with need across the care continuum
 - 2.2. Review evidence based screening measures
 - 2.3. Describe core elements of universal, targeted and specialist services that supports the child's developmental progress
 - 2.4. Pathways are developed, and clinicians supported to develop competencies required to provide services within the scope of practice of their role, through professional leadership and budget for professional support, training and development
 - 2.5. Non Government Organisations are included in the development of care pathways and determination of responsibilities for provision of service for children with clinical/complex specialist needs

3. Enable workforce reform and redesign

3. Introduce the new single service delivery model and identify and implement workforce development strategies as part of the transition process.
 - 3.1. Include the Hanen Program in SA as part of the new service delivery mechanisms and strengthen the relationship with the Hanen Centre
 - 3.2. Utilise a framework to identify gaps and capacity issues such as that used in the UK
 - 3.3. Pre-service training be collaborative and multidisciplinary working with information about developmental learning processes, to enhance integrated team multi professional and multi agency based services
 - 3.4. Develop strategies to improve integration of speech pathologists within early childhood and school based service teams. This may include:
 - 3.4.1. Training for early childhood workers
 - 3.4.2. Involvement in primary health/early developmental programs, and collaborative classroom approaches
 - 3.5. Support innovative service delivery mechanisms (e.g. 'hub and spoke') that support provision of quality and safe services around 'low incidence' paediatric speech pathology needs (i.e. complex communication needs, AAC provision, dysphagia, acquired brain injury rehabilitation, autism spectrum disorder) are developed as part of the new model
 - 3.6. Information is gathered about population need and priorities including different population groupings and geographic areas across South Australia. This information should be used to inform planning and decisions about allocation of speech pathology resources to regions, facilities and clusters of service provision
 - 3.7. The International Classification of Functioning, Disability and Health (ICF) is employed as a framework to identify activity and participation barriers for children with SLCN and their families, and to address these, as part of service provision in the new model

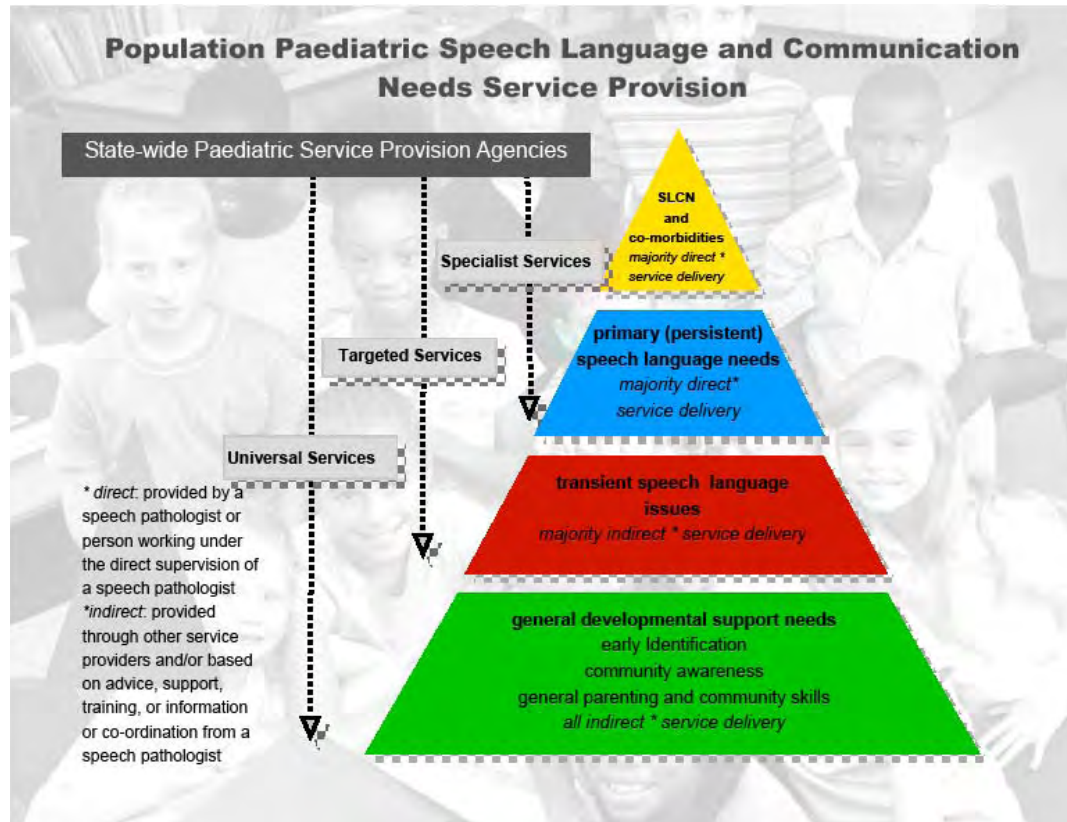
4. Increase evidence based practice

4. Build collaborative partnerships between clinicians, research and teaching institutions to contribute to evidence based practice and practice based evidence.
 - 4.1. Proposed activities will be informed by the priorities of the Department of Health (DH) workforce reform and redesign including:
 - 4.1.1. advanced and extended scope of practice
 - 4.1.2. professional support and supervision and
 - 4.1.3. increased utilisation of Allied Health Assistants
 - 4.2. Mechanisms to support and coordinate clinical research, outcome measurement and service evaluation are resourced and implemented as integral components of service provision
 - 4.3. Research to enhance the evidence base and inform delivery of better outcomes is supported, through development of improved partnership with the speech pathology training course in South Australia, the Centre for Allied Health Evidence and the Clinical Practice specialist leaders
 - 4.4. The International Classification of Functioning, Disability and Health (ICF) and the Life Needs Model (LNM) are used to inform service design and delivery and outcome measurement
 - 4.5. Develop 'pathfinder' services – models of evidence based best practice which also act as sites for development of expertise, information, resources, guidelines, training and promotion of understanding, awareness and competencies in SLCN
 - 4.6. Leadership roles in the organisational structures are given the responsibility and opportunity to support innovation, research and evaluation activities in partnerships with key organisations and other communities e.g. research, clinical networks, special education and education sectors.

5. Establish data collection processes

5. Develop and implement service and clinical data collection systems including information sharing protocols to enable coordination of services and to support planning, service design and delivery.
 - 5.1. Access to IT based clinical service provision tools such as shared assessment protocols and clinical guidelines are identified as part of the transition to the new model
 - 5.2. Clinical service delivery information technology tools and data systems are evaluated for their suitability for implementation within South Australia
 - 5.3. Improve data collection processes part of the transition to the new model
 - 5.4. Workload, caseload management, IT and data collection solutions support clinicians to provide safe, quality, effective and ethical services.

6. Service Model Philosophy



6.1 Philosophy

A shared philosophical framework for service delivery, incorporating family centred practice, a participation focus, relational oriented model of intervention, community capacity building, and evidence based practice and a primary health approach supporting service provision across universal, targeted and clinical/specialist levels.

6.2 Vision

Shared and cohesive inter and intra agency priorities, clinical pathways and protocols to ensure consistent and accessible universal, targeted and specialist services to South Australian children, their families and their communities.

6.3 Aims

- > Address population speech, language and communication needs to achieve good health and well being for children and families in South Australia
- > Provide accessible, timely, co-ordinated and efficient services
- > Improve quality and safety of services
- > Enable workforce reform and redesign
- > Establish effective partnerships across public, non government and private service providers
- > Increase evidence based practice, including collaboration with tertiary education
- > Establish data collection processes
- > Be responsive and flexible to meet local context and needs

Transitional Phases: Key Considerations

A philosophy of co-locating DECS and Health speech pathologists across SA Health to ensure shared learning and support during the transition and change period. It will decrease the risks of professional isolation and the possibility of a resultant lack of change in service models and interventions.

Consideration will need to be given to the implications of a shift to a consistent framework for provision of services from birth to eight years of age, and to speech pathology service provision within a population services level model. These include increased demand associated with: improved early identification; higher levels of identification and referral for services; provision of services for children aged 4-8 years of age within the model (interventions, service delivery mechanisms and dosages) currently used by primary health services; and provision of services for pre-school and school aged children in the independent and catholic education sector.

Speech pathology service provision through the Children's Centres could also be used as pilots for innovative models of service provision. A coordinated plan for provision of professional support and development activities to create and maintain a workforce with the competencies required within the new model is critical to support a successful transition to the provision of quality and safe services within the new model.

Suggested Key Performance Indicators

Reduction in access barriers for children and families

- > Reduction in complaints and ministerials from families of pre-school children
- > Improvement of rating of accessibility of services for pre-school aged children by key referrers
- > Lower average age of entry to service provision
- > Development of at least one clinical pathway that crosses areas of public service provision (i.e. primary health and education) and the related information technology and operational administrative tools to support a seamless transition

Improved early referral

- > Lower average age of referral to pre-school services

Increased input to pre service and in-service training

- > Information about SLCN and development, the role of speech pathology services and multi-disciplinary team service delivery is included in the curriculum of training programmes for roles and professions that are part of the early childhood workforce
- > Early childhood development workers feel better informed to support speech, language and communication development across the different levels of population service provision and different areas of clinical focus

Advice and input to universal service provision

- > Systems exist within universal early childhood services to support early identification and referral of children with SLCN
- > Speech pathology is contributing to universal services in early childhood development

Increased input to targeted and clinical/specialist service provision – in service training of ECD workforce

- > Provision of Hanen programmes as part of the clinical pathways for targeted and specialist/clinical and specialist/clinical complex speech, language and communication needs
- > Continued planned provision of Hanen Train the Trainer workshops for public sector practitioners providing services within the new model
- > Level of knowledge, skills and expertise about SLCN and supports across the ECD workforce is increased
- > A framework to enable identification of capacity, gaps, learning and development options in SLCN is available and being utilised

Development of shared philosophy of service provision

- > Competency descriptors, learning opportunities, indicators and methods to measure competencies of services to meet SLCN are available
- > There is evidence that members of the workforce are moving towards provision of services from a shared philosophy

Improved quality and safety of service provision

- > Improved workforce retention
- > Development of clinical pathways that support access to services based on clinical need and state-wide service priorities
- > Development of at least one outcome measure for interventions that is used consistently by all practitioners in the state, in all four areas of clinical practice
- > Provision of at least two Hanen 'It Takes Two to Talk' programmes for public sector speech pathologists
- > State-wide Hanen steering committee
- > A state-wide clinical network established to provide co-ordination around paediatric speech pathology service provision

Glossary and Acronyms

AAC	Augmentative and Alternative Communication – the use of strategies, techniques and tools to facilitate the understanding or use of communication for children whose communication skills are inadequate to meet their needs or potential
Articulation	The aspect of pronunciation that involves bringing articulatory organs (lips, teeth, palate and tongue) together so as to shape the sounds of speech
ASHA	American Speech-language and Hearing Association
CAHE	Centre for Allied Health Evidence
CCN	Complex Communication Needs – communication difficulties associated with other physical, sensory or cognitive impairment
Clinical Governance	Processes to support provision of safe, quality services; includes professional development and support, service design, development and evaluation and professional service related quality improvement and risk management activities
DECS	Department of Education and Children's Services
DFC	Department of Family and Community
Direct service provision	Provided by or under the direction of a speech pathologist. May be individual, or group, to children or to their communication partners
Dysfluency	Interruptions to the smooth rhythm and pattern of talking Fluency problems can be seen in the three year old who has a mild stutter and the adolescent who does not speak in class because of a severe stutter.
Dysphagia	Problems with swallowing, at the oral, oro-pharyngeal or pharyngeal stages
Dyspraxia	Verbal Dyspraxia is a speech disorder that affects the programming, sequencing and initiating of movements required to make speech sounds.
EBP	Evidence Based Practice
ECD	Early Childhood Development
Evidence Based Practice	Evidence Based Practice can be defined as the process of combining best research evidence with clinical knowledge and reasoning to provide assessments and interventions that are effective for clients and that take into consideration client preference and are culturally relevant and sensitive
FCP	Family Centred Practice
Hub and Spoke Model of service	A hub and spoke model typically involves arrangements whereby one service delivery system/site acts as a principal base providing

provision	<p>centralised support or activities to satellite sites which are connected to the principal site.</p> <p>Hub and spoke arrangements can vary within the healthcare sector depending on the nature of the organisations involved and the types of services being provided.</p>
ICF	International Classification of Functioning, Disability and Health
Indirect Service Provision	Provision of advice, support, training, or information from a speech pathologist to support improved SLCN support and outcomes for children. Examples include: service provision by an early childhood educator who works on a team with a speech pathologist who provides specific training and/or ongoing transfer of knowledge, skills and expertise about speech, language and communicative development
ITTTT	It Takes Two to Talk – Hanen programme for parents of children with an identified speech or language delay or disorder
Language	Term used to refer to the communication system that enables an individual to function in society. It is a learned system of rules that enables a person to communicate ideas and express wants and needs. Language encompasses both expression and understanding in a number of forms: speaking, reading, writing, and gesturing.
Levels of service	<p><i>Universal</i> - Services that are available to and benefit all children, focussed around support for typical development</p> <p><i>Targeted</i> - Services for children who are ‘vulnerable’ – i.e. who experience social disadvantage or considered to be ‘at risk’ for development of SLC. Also includes provision of speech and language intervention for identified SLCN that are commonly experienced in children with no other co-morbidities.</p> <p><i>Specialist</i> - Services for children with additional needs – in this context, services where children are requiring continued engagement with the acute medical system or for complex communication or dysphagia needs (services currently provided by the tertiary health or disability sectors, including NGOs)</p>
Literacy	“Literacy is the ability to understand, analyse, critically respond to and produce appropriate spoken, written, visual and multimedia communication in different contexts.” South Australian Curriculum Standards and Accountability Framework, 2001.
LLLLI	Learning Language and Loving It – Hanen programme for Teachers and Early Childhood workers to enable them to support children with speech or language delay or disorder

LNM	Life Needs Model
Morphology	the different word endings and forms which impact on their meaning e.g. 's' is the plural morphological marker, as well as the possessive morphological marker
MTW	More Than Words – Hanen programme for parents of children on the Autism Spectrum
Multi-professional teams	Multi professional teams may comprise a range of medical, allied Multi-professional teams, and may provide multi-disciplinary, inter disciplinary and trans-disciplinary team based approaches in meeting the overall needs of children with speech, language or communication needs and oral eating and drinking difficulties in a holistic way
NGO	Non Government Organisation
Optimal dosage of intervention	Provision of the right amount of the most effective type of intervention in the right proportion for the right duration at the right time, with consideration of individual and environmental factors, to achieve the best outcomes most effectively at the lowest cost and using the most appropriate service delivery mechanism
Persistent SLCN	Persistent SLCN. May be specific speech and language needs with no other developmental issues, or may co-occur with other developmental disabilities including physical, cognitive or sensory impairment, Autism Spectrum Disorder.
Phonology	the sounds that make up words. Awareness of these sounds (phonological awareness) has repeatedly been shown to play a critical role in early literacy development
Pragmatics	the process of using language socially and to convey our feelings Problems in pragmatics can include poor use of eye contact, not knowing how to break into a conversation, or using an inappropriately friendly voice with strangers.
RCSLT	Royal College of Speech Language Therapists
RHSA	Rural Health South Australia
Semantics	the meaning of words and phrases, vocabulary knowledge, the relationship between words
Service Delivery Mechanisms	The means by which speech pathology intervention is provided and the processes utilised to provide it such as one to one person or to a group; whether it is to a 'third party' (such as a teacher or early childhood worker)
SLCF	Speech Language Communication Framework – a four stage competency based framework that sets out the skills and knowledge in speech, language and communication needed by the children's workforce

SLCN	Speech, language and communication needs is the term used to describe the needs of the whole group of children and young people who have difficulty with some aspect or aspects of communicating.
SLP	Speech Language Pathologist
SPA	Speech Pathology Australia
Specific Speech and Language Impairment	Delayed or disordered speech and/or language development in the absence of any other developmental difficulties.
Speech	<p>The physical production of sounds.</p> <p>Problems of speech can include difficulty producing some speech sounds in words and sentences through to a total inability to make the mouth movements required to say words.</p>
Syntax	Syntax or grammar: the way that words are combined to form phrases and sentences
Triage	In this context, the process of prioritizing speech, language or communication needs for treatment according to the seriousness of the condition, including review, initial intervention or referral for further assessment as appropriate.
VFSS	Video Fluoroscopic Swallow Study – instrumental radiographic study to examine the safety and efficiency of swallowing and to determine whether a client has dysphagia
YMTD	You make the Difference – Hanen programme for parents of children ‘at risk’ for interactional or environmentally based speech or language delay